

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

IMPACT

ADDRESS (number and street)

192 Lexington Ave.

Suite 1001

New York

NY

10016

Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00348607

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Barrett, David, A., ,

Type or Print Name of Treasurer

Signature of Treasurer

Barrett, David, A., ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**IMPACT**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03		01		2022

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2022</td></tr></table>	Y	Y	Y	Y	Y	2022						<table><tr><td colspan="5">426222.47</td></tr></table>	426222.47				
Y	Y	Y	Y	Y													
2022																	
426222.47																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">373254.85</td></tr></table>	373254.85															
373254.85																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">72000.00</td></tr></table>	72000.00					<table><tr><td colspan="5">107000.00</td></tr></table>	107000.00									
72000.00																	
107000.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">445254.85</td></tr></table>	445254.85					<table><tr><td colspan="5">533222.47</td></tr></table>	533222.47									
445254.85																	
533222.47																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">35330.71</td></tr></table>	35330.71					<table><tr><td colspan="5">123298.33</td></tr></table>	123298.33									
35330.71																	
123298.33																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">409924.14</td></tr></table>	409924.14					<table><tr><td colspan="5">409924.14</td></tr></table>	409924.14									
409924.14																	
409924.14																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**IMPACT**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
03	/	01	/	2022

To:

M M	/	D D	/	Y Y Y Y Y Y
03	/	31	/	2022

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5000.00

5000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5000.00

5000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

67000.00

102000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

72000.00

107000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

72000.00

107000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

72000.00

107000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	30330.71	93298.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30330.71	93298.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	30000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35330.71	123298.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35330.71	123298.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	72000.00	107000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72000.00	107000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	30330.71	93298.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30330.71	93298.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Oneida Indian Nation**

Mailing Address 2037 Dream Catcher Plz

City

Oneida

State

NY

Zip Code

13421-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2022

Transaction ID : VTE5W126R5D1

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Funds Permissible Under the Act

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 21  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. L3Harris Technologies, Inc. PAC**Mailing Address 600 Maryland Ave SW  
Ste 850ECity  
WashingtonState  
DCZip Code  
20024-2566FEC ID number of contributing  
federal political committee.**C**

C00100321

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2022**Transaction ID : VTE5W127HVB1**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. National Restaurant Association PAC (Restaurant PAC)**

Mailing Address 2055 L St NW

City  
WashingtonState  
DCZip Code  
20036-4983FEC ID number of contributing  
federal political committee.**C**

C00003764

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2022**Transaction ID : VTE5W126KED1**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CULAC The PAC Of Credit Union National Association**Mailing Address 601 Pennsylvania Ave NW  
Ste 600SCity  
WashingtonState  
DCZip Code  
20004-2620FEC ID number of contributing  
federal political committee.**C**

C00007880

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2022**Transaction ID : VTE5W126KEJ1**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 21

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NEA Fund For Children & Public Education**Mailing Address 1201 16Th St NW  
Ste 421City  
WashingtonState  
DCZip Code  
20036-3201FEC ID number of contributing  
federal political committee.**C**

C00003251

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2022**Transaction ID : VTE5W125AZX1**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Transport Workers Union Political Contributions Committee**Mailing Address 1220 19Th St NW  
Ste 600City  
WashingtonState  
DCZip Code  
20036-2436FEC ID number of contributing  
federal political committee.**C**

C00008268

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2022**Transaction ID : VTE5W126KEC3**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. American Association For Justice Political Action Committee (AAJ PAC)**Mailing Address 777 6Th St NW  
Ste 200City  
WashingtonState  
DCZip Code  
20001-3707FEC ID number of contributing  
federal political committee.**C**

C00024521

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 23 / 2022**Transaction ID : VTE5W126KEH3**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**IMPACT**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Int'l Association Of Bridge, Structural, Ornamental And Reinforcing Iron Workers (IPAL)

Mailing Address 1750 New York Ave NW

City  
Washington

State  
DC

Zip Code  
20006-5301

FEC ID number of contributing  
federal political committee.

**C** C00027359

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **29** / **2022**

**Transaction ID : VTE5W126KDT3**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Merck & Co., Inc., Employees Political Action Committee (Merck PAC)

Mailing Address 601 Pennsylvania Ave NW  
North Building, Suite 1200

City  
Washington

State  
DC

Zip Code  
20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00097485

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **07** / **2022**

**Transaction ID : VTE5W124T474**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Engineers Political Education Committee (EPEC)/International Union Of Operating Engineers

Mailing Address 1125 17Th St NW

City  
Washington

State  
DC

Zip Code  
20036-4709

FEC ID number of contributing  
federal political committee.

**C** C00029504

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **18** / **2022**

**Transaction ID : VTE5W125AZW4**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

12500.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. American Chiropractic Association PAC

Mailing Address 1701 Clarendon Blvd

City  
Arlington

State  
VA

Zip Code  
22209-2799

FEC ID number of contributing  
federal political committee.

**C** C00102764

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **23** / **2022**

**Transaction ID : VTE5W126KEG5**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. American Federation Of State County & Municipal Employees PEOPLE

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **17** / **2022**

**Transaction ID : VTE5W12539C6**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C. Bipartisan PAC/Bank Of NY Mellon Corp. BIPAC/BNYMC

Mailing Address Bny Mellon Center  
Rm 3225

City  
Pittsburgh

State  
PA

Zip Code  
15258-0001

FEC ID number of contributing  
federal political committee.

**C** C00017558

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **22** / **2022**

**Transaction ID : VTE5W125AZV6**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. IHeartMedia, Inc.. PAC**

Mailing Address 20880 Stone Oak Pkwy

City  
San AntonioState  
TXZip Code  
78258-7460FEC ID number of contributing  
federal political committee.**C**

C00279216

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2022**Transaction ID : VTE5W126KEF7**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fresenius Medical Care North America PAC**Mailing Address 801 Penn NW  
Ste 820City  
WashingtonState  
DCZip Code  
20004-2615FEC ID number of contributing  
federal political committee.**C**

C00401299

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2022**Transaction ID : VTE5W125AZZ7**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AmerisourceBergen Corporation Political Action Committee (ABC PAC)**Mailing Address 1300 Morris Dr  
Ste 100City  
ChesterbrookState  
PAZip Code  
19087-5594FEC ID number of contributing  
federal political committee.**C**

C00400929

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2022**Transaction ID : VTE5W126KEK8**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. Novo Nordisk Inc. PAC (NOVO Nordisk PAC)

Mailing Address 920 Massachusetts Ave NW  
Ste 500

City  
Washington

State  
DC

Zip Code  
20001-4598

FEC ID number of contributing  
federal political committee.

**C** C00424838

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2022**

**Transaction ID : VTE5W126KEE9**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. National Active And Retired Federal Employees Association Political Action Com (NARFE-PAC)

Mailing Address 606 N Washington St

City

Alexandria

State  
VA

Zip Code  
22314-1914

FEC ID number of contributing  
federal political committee.

**C** C00091561

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **29** / **2022**

**Transaction ID : VTE5W126R5E9**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C. Massachusetts Mutual Life Insurance Company PAC

Mailing Address 1295 State St

City

Springfield

State  
MA

Zip Code  
01111-0001

FEC ID number of contributing  
federal political committee.

**C** C00118943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **09** / **2022**

**Transaction ID : VTE5W125AZY9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

67000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	2		

Mailing Address Smallbiz Payroll

Eagle's Landing Business Park

City  
RochesterState  
NYZip Code  
14623Purpose of Disbursement  
Payroll Payment (See Below)

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C****Transaction ID : VTD6MAG03i**

Amount of Each Disbursement this Period

8401.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Newton, Samuel, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	2		

Mailing Address 192 Lexington Ave  
Rm 1001City  
New YorkState  
NYZip Code  
10016-6823Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C****Transaction ID : VTD6MAG03C**

Amount of Each Disbursement this Period

863.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kutryb, Nicholas, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	2		

Mailing Address 192 Lexington Ave  
Rm 1001City  
New YorkState  
NYZip Code  
10016-6823Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C****Transaction ID : VTD6MAG03**

Amount of Each Disbursement this Period

2648.80

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8401.35

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

**A. Bart, Samuel, E., ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	1		2	0	2	2		

Mailing Address 192 Lexington Ave  
Rm 1001City  
New YorkState  
NYZip Code  
10016-6823Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTD6MAG03/**  
Amount of Each Disbursement this Period

1659.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	1		2	0	2	2		

Mailing Address Smallbiz Payroll  
Eagle's Landing Business ParkCity  
RochesterState  
NYZip Code  
14623Purpose of Disbursement  
Payroll Taxes/Withholding

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

FEC Identification Number

**C****Transaction ID : VTD6MAG03/**  
Amount of Each Disbursement this Period

3229.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fulkerson Kennedy & Company**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	1		2	0	2	2		

Mailing Address 220 I St NE  
Ste 250City  
WashingtonState  
DCZip Code  
20002-4693Purpose of Disbursement  
Consulting Services-Fundraising

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTD6MAG02**  
Amount of Each Disbursement this Period

6000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2022

Mailing Address Smallbiz Payroll

Eagle's Landing Business Park

City  
RochesterState  
NYZip Code  
14623Purpose of Disbursement  
Payroll Fee

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : VTD6MAG02!

Amount of Each Disbursement this Period

63.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2022

Mailing Address PO Box 1270

City  
NewarkState  
NJZip Code  
07101-1270Purpose of Disbursement  
Credit Card Payment - See Below if Itemized

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : VTD6MAG032

Amount of Each Disbursement this Period

197.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Time Warner Cable Of NYC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2022

Mailing Address PO Box 9227

City  
UniondaleState  
NYZip Code  
11555-9227Purpose of Disbursement  
Telephone/Cable

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : VTD6MAG03

Amount of Each Disbursement this Period

197.67

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

261.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

**A. Secure Blue, LLC**

Mailing Address 1201 Britania Ln

City  
AnnapolisState  
MDZip Code  
21403-4354Purpose of Disbursement  
Computer Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2022

FEC Identification Number

**C****Transaction ID : VTD6MAG02I**

Amount of Each Disbursement this Period

495.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Express EMPS**

Mailing Address PO Box 6600

City  
HagerstownState  
MDZip Code  
21741-6600Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2022

FEC Identification Number

**C****Transaction ID : VTD6MAG02F**

Amount of Each Disbursement this Period

44.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Verdolino & Lowey, P.C.**Mailing Address 124 Washington St  
Ste 101City  
FoxboroState  
MAZip Code  
02035-1368Purpose of Disbursement  
Professional Services-Accounting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2022

FEC Identification Number

**C****Transaction ID : VTD6MAG03**

Amount of Each Disbursement this Period

1040.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1580.10



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

**A. Elias Law Group**Mailing Address 10 G St NE  
Ste 600City  
WashingtonState  
DCZip Code  
20002-4253Purpose of Disbursement  
Professional Services-Legal

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2022

FEC Identification Number

**C****Transaction ID : VTD6MAG03**

Amount of Each Disbursement this Period

157.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elias Law Group**Mailing Address 10 G St NE  
Ste 600City  
WashingtonState  
DCZip Code  
20002-4253Purpose of Disbursement  
Professional Services-Legal

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2022

FEC Identification Number

**C****Transaction ID : VTD6MAG02**

Amount of Each Disbursement this Period

945.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Express EMPS**

Mailing Address PO Box 6600

City  
HagerstownState  
MDZip Code  
21741-6600Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2022

FEC Identification Number

**C****Transaction ID : VTD6MAG02**

Amount of Each Disbursement this Period

19.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1122.45

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

## **A. Empire BlueCross**

Mailing Address PO Box 11792

City  
Newark

State  
NJ

Zip Code  
07101-4792

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 01 / 2022

FEC Identification Number

**C** Transaction ID : VTD6MAG02.

Amount of Each Disbursement this Period

1630.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Paychex, Inc.**

Mailing Address Smallbiz Payroll  
Eagle's Landing Business Park

City  
Rochester

State  
NY

Zip Code  
14623

Purpose of Disbursement  
Payroll Payment (See Below)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 15 / 2022

FEC Identification Number

**C** Transaction ID : VTD6MAG02

Amount of Each Disbursement this Period

8454.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Kutryb, Nicholas, , ,**

Mailing Address 192 Lexington Ave  
Rm 1001

City  
New York

State  
NY

Zip Code  
10016-6823

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 15 / 2022

FEC Identification Number

**C** Transaction ID : VTD6MAG02

Amount of Each Disbursement this Period

2648.80

☒ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10084.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

**A. Bart, Samuel, E., ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	2		

Mailing Address 192 Lexington Ave  
Rm 1001City  
New YorkState  
NYZip Code  
10016-6823Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTD6MAG02**

Amount of Each Disbursement this Period

1659.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	2		

Mailing Address Smallbiz Payroll  
Eagle's Landing Business ParkCity  
RochesterState  
NYZip Code  
14623Purpose of Disbursement  
Payroll Taxes/Withholding

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTD6MAG02**

Amount of Each Disbursement this Period

3282.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Newton, Samuel, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	2		

Mailing Address 192 Lexington Ave  
Rm 1001City  
New YorkState  
NYZip Code  
10016-6823Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTD6MAG02**

Amount of Each Disbursement this Period

863.75

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 21

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

## **A. Maggie Hassan Victory Fund**

Mailing Address PO Box 75357

City  
Washington

State  
DC

Zip Code  
20013-0357

Purpose of Disbursement  
Contribution

Candidate Name

**Maggie Hassan Victory Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

2022 Contribution

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2022

FEC Identification Number

**C** C00591362

**Transaction ID : VTD6MAG03!**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item Reissue of Check Dated 12/22/2021

Full Name (Last, First, Middle Initial)

## **B. Mondaire For Congress**

Mailing Address 499 S Capitol St SW  
Ste 407

City  
Washington

State  
DC

Zip Code  
20003-4016

Purpose of Disbursement  
Contribution

Candidate Name

**Jones, Mondaire, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 17

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2022

FEC Identification Number

**C** C00711150

**Transaction ID : VTD6MAG03c**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Maggie Hassan Victory Fund**

Mailing Address PO Box 75357

City  
Washington

State  
DC

Zip Code  
20013-0357

Purpose of Disbursement  
Contribution

Candidate Name

**Maggie Hassan Victory Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2021

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

2021 Contribution

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2022

FEC Identification Number

**C** C00591362

**Transaction ID : VTD6MAG03**

Amount of Each Disbursement this Period

- 5000.00

Void Check Dated 12/22/2021

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00